

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BM		08-28-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	MM	572	10-01-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected
= Allowed
- (Through numeral) ... Canceled
÷ Restricted
N Non-elected
I Interference
A Appeal
O Objected

Claim	Date
Final Original	
1	✓
2	✓
3	N
4	✓
5	N
6	✓
7	N
8	✓
9	✓
10	✓
11	✓
12	✓
13	N
14	✓
15	✓
16	✓
17	N
18	✓
19	✓
20	N
21	✓
22	✓
23	✓
24	✓
25	✓
26	N
27	N
28	✓
29	✓
30	✓
31	✓
32	✓
33	✓
34	✓
35	✓
36	✓
37	✓
38	✓
39	✓
40	✓
41	✓
42	✓
43	N
44	✓
45	N
46	✓
47	✓
48	✓
49	✓
50	✓

Claim	Date
Final Original	
51	✓
52	✓
53	✓
54	✓
55	✓
56	✓
57	✓
58	✓
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91	✓
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100	✓

Claim	Date
Final Original	
101	✓
102	✓
103	✓
104	✓
105	✓
106	✓
107	✓
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135	✓
136	✓
137	✓
138	✓
139	✓
140	✓
141	✓
142	✓
143	✓
144	✓
145	✓
146	✓
147	✓
148	✓
149	✓
150	✓

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)

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